

Practitioner's Docket No. 00211-US-NEW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

NEW UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Elizabeth Moyer; Pamela Hirtzer  
For (title): Stable Liquid Formulations of Botulinum Toxin

1. Type of Application

This transmittal is for an original (nonprovisional) utility application for U.S. Patent.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

36 Pages TOTAL of Application, including:

29 Pages of Specification  
6 Pages of Claims  
1 Page of abstract

B. Other Papers Enclosed

3 Pages of declaration  
Postcard

3. Declaration or Oath: Enclosed (unsigned)

CERTIFICATION UNDER 37 C.F.R. 1.10

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the United States Postal Service on this date September 9, 1999, in an envelope as "Express Mail Post Office to Addressee," mailing Label Number EL270711949US, addressed to the: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

CAROL A. STRATFORD  
(type or print name of person mailing paper)

*[Signature]*  
Signature of person mailing paper

- [illegible]

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$760.00
Total Claims (37 CFR 1.16(c))	53	- 20 =	33 x	\$18.00	\$594.00
Independent Claims (37 CFR 1.16(b))	3	- 3 =	0 x	\$0.00	\$0.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$260.00	\$260.00
Total Filing Fee:					\$1,614.00

- Filing Fee enclosed. The Commissioner is hereby authorized to charge the filing fee to Deposit Account No. 01-2707. A duplicate of this paper is enclosed.

- The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 01-2707.

**9. Instructions as to Overpayment:** Credit Account No. 01-2707.



SIGNATURE OF PRACTITIONER

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